

WEST VIRGINIA INFORMATIONAL LETTER

NO. 31

JANUARY 1985

TO: ALL INSURANCE COMPANIES LICENSED TO TRANSACT INSURANCE
BUSINESS IN THE STATE OF WEST VIRGINIA

In order to direct AGENT LICENSING information to the proper individual or department within your company, please complete the attached postcard and return same to this office no later than January 30, 1985.

Following are instructions for completing the postcard;

Item 1 - Individual's Name or Department's Name

Indicate the key person or department who should initially receive all licensing information sent from this office (e.g. revised forms/instructions, informational letters, renewal instructions). This name will appear on the label in addition to the company's name. There are 30 spaces available for this information -- abbreviate and omit punctuation where possible.

Item 2 Thru 5 - Mailing Address

Complete 2 thru 5 ONLY if the address for the individual/department in Item 1 is different from the address shown on the label affixed on the postcard. There are 30 spaces available for the P.O. Box or Street; 18 spaces for City; 2 spaces for State; 5 spaces for the Zip Code.

Any time this information changes please notify this office in writing.

Please contact AGENT LICENSING at (304) 348-3386 if you have questions on any licensing procedures.

Richard G. Shaw
Insurance Commissioner